



Reporting Period:
Calendar Year 2002

Profile of Women's Healthcare in Medicaid Managed Care

The Wisconsin Department of Health and Family Services, Division of Health Care Financing, as the administrator of the Wisconsin Medicaid program, functions as a purchaser of health care services for a significant portion of Wisconsin women. In the managed care environment, the Division contracts with health maintenance organizations (HMOs) to provide preventive screening services, as well as routine health care services for eligible female enrollees. Monitoring the level of services delivered by each HMO provides the Division with an estimate of enrollee access to needed services, and provides the HMOs with information that permits targeting of resources to reach population(s) that may not have optimal service utilization. This health profile is one component of the overall monitoring system.

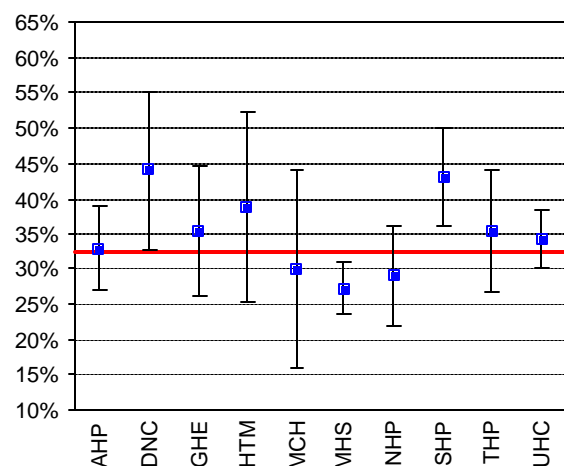
To generate the data in this health profile, Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)¹ performance measures were applied to HMO-submitted encounter data and other Division sources such as Medicaid eligibility data and fee-for-service claims data. In the charts that follow, the 13 participating Medicaid HMOs are represented by a three letter abbreviation. A key containing the HMO abbreviations and names is located on page 2.

Breast Cancer Screening

Screening mammography has been viewed as a means of detecting early breast cancer, resulting in earlier treatment and improved outcomes. The MEDDIC-MS system is designed to monitor delivery of mammograms to women aged 40-49 and 50+ years. The American College of Obstetricians and Gynecologists recommends a screening mammography every two years for women over 40-49, and annually thereafter. This profile applies only to women aged 50 and over².

Chart 1 compares the HMO's percentage of women age 50+ who received screening mammography in calendar year (CY) 2002. Three participating HMOs had less than 30 enrollees meeting the MEDDIC-MS denominator criteria; their individual results are not shown. The mean percentage for all HMOs is 32.7%. Two HMOs (DNC and SHP) are statistically above the all HMO mean and one HMO (MHS) is statistically below the all HMO mean. All other HMOs shown on the chart have percentages that are statistically indistinguishable from the all HMO mean.

Chart 1: Mammograms for Women Age 50+ (CY 2002)



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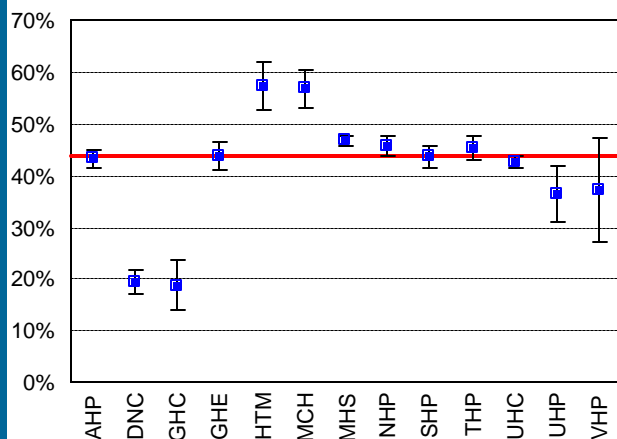
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¹ The MEDDIC-MS measure specifications are available from the Bureau of Managed Health Care Programs in the Division.

² It is important to note that across all HMOs, only 2055 women meet the MEDDIC-MS denominator criteria for the 50+ age group.

Chart 2: Pap Tests for Women Aged 18-65 (CY 2002)

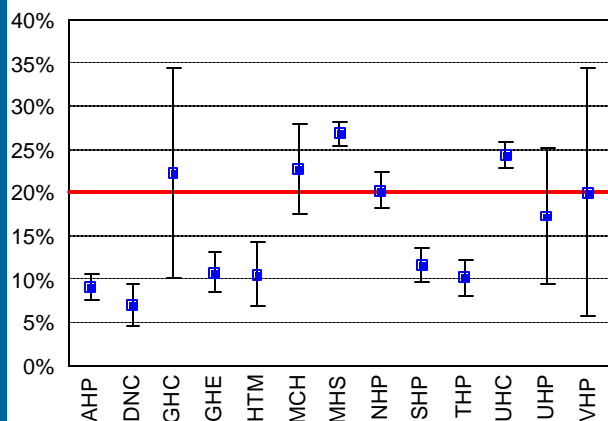


Cervical Cancer Screening

The Pap test is used principally to diagnose pre-invasive cervical lesions that, when treated, will result in a decrease in deaths from invasive cancer. The American College of Obstetricians and Gynecologists and the American Cancer Society recommend Pap test screening for women beginning with sexual activity, or at age 18 years. After three consecutive annual exams with normal findings, testing may be performed less frequently at the judgment of the woman's health care professional.

Chart 2 compares the HMO's percentage of women aged 18-65 who received a Pap test in 2002. The mean percentage for all HMOs is 43.9%. The distribution of rates is quite varied; three HMOs are statistically above the all HMO mean, six are statistically indistinguishable from the all HMO mean, and three are statistically below the all HMO mean. The three HMOs below the all HMO mean (DNC, GHC and UHP) have service areas concentrated in Dane County.

Chart 3: HIV Tests (CY 2002)

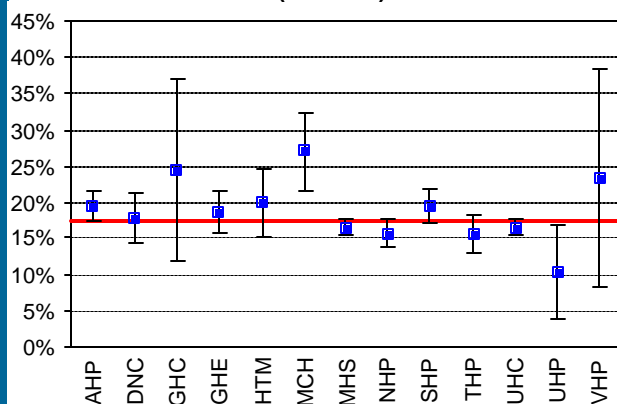


Maternity Care

According to Division documentation, approximately one third (38%) of all births in Wisconsin are paid for by the Medicaid program. Prenatal services are monitored separately from the services required for delivery, or birth, of the infant. The following data represent services delivered in 2002.

To prevent HIV transmission from mother to baby, it is important to know if a pregnant woman is HIV positive. Chart 3 shows the percentage of pregnant women in Medicaid HMOs (who had live births during 2002) who voluntarily had an HIV test during 2002. The mean percentage for all HMOs is 20.0%. Most HMOs (6 of 13) are statistically below the all HMO mean. Five HMOs have percentages that are statistically indistinguishable from the all HMO mean. The two HMOs above the all HMO mean (MHS and UHC) have service areas concentrated in the greater Milwaukee area.

Chart 4: C-Sections as Percent of Live Births (CY 2002)



In the majority of cases, vaginal delivery is preferred over a surgical delivery because of shorter recovery time and fewer post-delivery complications. Sometimes, however, C-section is the safest medical option. Chart 4 shows the percentage of live births that were C-sections for each HMO. The mean percentage for all HMOs is 17.2%. One HMO (MCH) is statistically above the all HMO mean and one HMO (UHP) is statistically below the all HMO mean. All other HMOs shown on the chart have percentages that are statistically indistinguishable from the all HMO mean.

HMO Abbreviations and Names

AHP—Atrium Health Plan	NHP—Network Health Plan
DNC—Dean Health Plan	SHP—Security Health Plan
GHC—Group Health South Central	THP—Touchpoint Health Plan
GHE—Group Health Eau Claire	UHC—UnitedHealthcare
HTM—Health Tradition Health Plan	UHP—Unity Health Insurance
MCH—MercyCare Insurance	VHP—Valley Health Plan
MHS—Managed Health Services	